



Annual Progress Report 2008

Submitted by

The Government of

The Plurinational State of BOLIVIA

Reporting on year: 2008

Requesting for support year: 2010-2015

Date of submission: 11 September 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: [**apr@gavialliance.org**](mailto:apr@gavialliance.org)

and any hard copy could be sent to :

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CH 1202 Geneva,
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Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of BOLIVIA.....


Dr. Jorge Ramiro Tapia Sainz
Título: **Ministro de Salud y Deportes**.....
Firma:
Fecha:


Ministro de economía y finanzas:
Título:
Luis Alberto Arce Catacora
Firma: **MINISTRO DE ECONOMIA... Y FINANZAS PUBLICAS**
Fecha:

This report has been compiled by:

Staff members of Ministry of Health and Sports who participated in the preparation of this report:

Dr. Jimmy Frías Mizutany, National Chief of the Expanded Program of Immunization of the Ministry of Health and Sports of Bolivia

Dr. Jacqueline Reyes, National Director of Health Services of the Ministry of Health and Sports of Bolivia

Dr. Jenny Soto, Head of the Networks of Services and Quality Unit of the Ministry of Health and Sports of Bolivia

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Nombre o título	Organismo u organización	Firma	Fecha
C. Doskvas	OPS/OMS-BOL	[Signature]	22-05/09
Berika Silva	Cooperación Canadiense	[Signature]	25-05/09
Gordon Lewis	UNICEF	Gordon Lewis	25/05/09
I. Correo	AE. PROCOSI	[Signature]	25/05/09

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

As this report been reviewed by the GAVI core RWG: YES

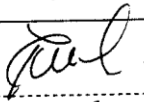
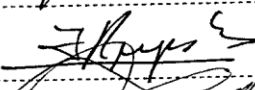
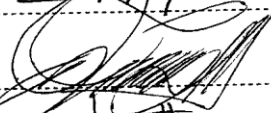
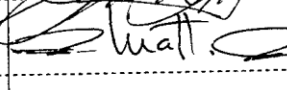
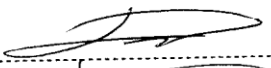
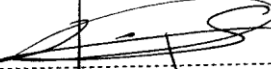
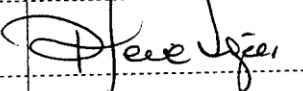
HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Nombre o título	Organismo u organización	Firma	Fecha
DR. IGOR PARDO ZAPATA	MSD - DGS		29/5/09
Dra. Jacqueline Reyes	MSD - USSC		29/05/09
Dr. Jimmy Pazos Izutony	MSD - PAI		29/05/09
ING. ROGEL MATTOS Z.	MSD - PLANIFICACION		29/5/09
DR. JOHN M. PEREZ MAGNE	MSD - DESASTRES		29/05/09
Dr. Victor Hugo Soria Castillo	MSD - USCM S (SAFES)		29/05/09
Patricia López (MBA)	DGAA		29/05/09

Comments from partners:

You may wish to send informal comment to: apr@gavialliance.org

All comments will be treated confidentially

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Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report on the GAVI Alliance CSO Support has been completed by:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	278,885	279,170	279,237	279,542				
Infants' deaths	16,989	17,452	17,457	17,713				
Surviving infants	261,896	261,718	261,780	261,829				
Pregnant women	318,554	319,114	319,424	320,005				
Target population vaccinated with BCG	235,706	235,546	235,602	235,646				
BCG coverage*	90%	90%	90%	90%				
Target population vaccinated with OPV3	217,373	219,843	222,503	227,634				
OPV3 coverage**	83%	84%	85%	86%				
Target population vaccinated with DTP (DTP3)***	217,373	219,843	222,503	227,634				
DTP3 coverage**	83%	84%	85%	86%				
Target population vaccinated with DTP (DTP1)***	225,230	227,694	230,366	235,574				
Wastage ¹ rate in base-year and planned thereafter	1	1	1	1				
Target population vaccinated with 2 nd dose of rotavirus.....	107,247	189,000	200,262	214,392				
..... Coverage with 2 nd doses of rotavirus **	41%	72%	76%	81%				
Target population vaccinated with 1 st dose of rotavirus	119,163	209,374	222,503	238,231				
Wastage ¹ rate in base-year and planned thereafter	1	1	1	1				
Target population vaccinated with 1 st dose of Measles	224,694	224,900	225,900	226,900				
Target population vaccinated with 2 nd dose of Measles	N/A	N/A	N/A	N/A				
Measles coverage**	85.1	86%	87%	88%				
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)	149,300						
	Infants (>6 months)	149,300						
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	5%							
Annual Measles Drop out rate (for countries applying for YF)								

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

- * Number of infants vaccinated out of total births
- ** Number of infants vaccinated out of surviving infants
- *** Indicate total number of children vaccinated with either DTP alone or combined
- **** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	278,885	279,170	279,237	279,542	296,999	314,456	331,913	349,370
Infants' deaths	16,778	17,452	17,457	15,906	14,099	12,292	10,485	8,678
Surviving infants	262,107	261,718	261,780	263,636	282,900	302,164	321,428	340,692
Pregnant women	318,554	319,114	319,424	320,005	324,598	330,505	336,412	342,319
Target population vaccinated with BCG	222,626	235,546	235,602	237,272	254,610	274,969	295,714	316,844
BCG coverage*	85%	90%	90%	90%	90%	91%	92%	93%
Target population vaccinated with OPV3	215,401	218,843	222,513	226,728	248,952	274,969	295,714	316,844
OPV3 coverage**	82.2%	84%	85%	86%	88%	91%	92%	93%
Target population vaccinated with DTP (DTP3)***	216,672	218,843	222,513	226,727	248,952	274,969	295,714	316,844
DTP3 coverage**	82.7%	84%	85%	86%	88%	91%	92%	93%
Target population vaccinated with DTP (DTP1)***	228,196	232,929	235,602	239,908	263,097	284,034	302,142	320,250
Wastage ² rate in base-year and planned thereafter	1	1	1	1	1	1	1	1
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 2 nd dose of rotavirus	42,094	189,000	200,262	214,392	248,952	274,969	295,714	316,844
rotavirus Coverage**	16.1%	72%	76%	81%	88%	91%	92%	93%
Target population vaccinated with 1 st dose of rotavirus	99,033	209,374	222,503	238,231	263,097	284,034	302,142	320,250
Wastage ¹ rate in base-year and planned thereafter	1.00	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Target population vaccinated with 1 st dose of Measles	224,694	224,900	265,275	265,565	268,653	268,946	272,043	272,339
Target population vaccinated with 2 nd dose of Measles	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Measles coverage**	85.1	86%	87%	88%	90%	91%	92%	93%
Pregnant women vaccinated with TT+								
TT+ coverage****								

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Vit A supplement		149300							
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$		5%	5%	5%	5%	5%	5%	5%	5%
Annual Measles Drop out rate (for countries applying for YF)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

Yes. The funds are reflected in the national EPI budget and were used for activities described in the report for 2008.

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The funds for the “Vaccine Support Programs” have been satisfactorily administered through the Pan American Health Organization in Bolivia in coordination with the Ministry of Health and Sports. There is no intention of including these funds in the national budget, since they are being expeditiously implemented in the recent disbursements for this window through 31 December 2009.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The funds from Grant No. 387009 for the Project “Support for Immunization Services in Bolivia (2007-2009)” have been deposited and strictly administered through the mechanisms of PAHO/WHO in Bolivia, with support from the Department of Finance of the Central Office of PAHO/WHO, which includes the finance reports of this Grant in the official accounting system (FAMIS) of the Organization.

The PAHO/WHO Bolivia Office has a finance report for 2008 on the GAVI Grants provided to Bolivia in the last three windows of support for the Immunization Program in Bolivia, which details the implementation and available amounts for 2009.

The commitment to the project “Support for Immunization Services in Bolivia (2007-2009)” was estimated at US\$287,500, of which PAHO has received \$143,750; of that amount, US\$73,904 has been implemented, leaving a balance for implementation in 2009.

The activities funded with this Grant as requested by the Immunization Program were:

- 1) Purchase of two vehicles, 10 laptop computers, 10 projectors with payment for their customs clearance, office supplies for the national EPI and 9 departmental EPIs.**

The delay in GAVI's 2008 disbursement for purchase of the rotavirus vaccine has had the following negative consequences on the coverage provided by the Immunization Program in Bolivia:

- 1. GAVI did not make a timely deposit of its co-payment for the purchase of the rotavirus vaccine at the time of its introduction, so the Ministry of Health and Sports had to pay the entire amount of the purchase of 201,000 doses acquired through the 2008 PAHO Revolving Fund. Due to this situation, the country had shortages of other types of vaccines at the beginning of the year, since the debt of more than 60 days in the Revolving Fund temporarily impeded the timely purchase of other vaccines for the first trimester of 2009.**
- 2. The coverage of the second dose did not exceed 17% since the second delivery of rotavirus vaccine was delayed, due to the same problem, at the end of the year.**

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: **\$US 71,865 received in February 2008**

Remaining funds (carry over) from 2007: **\$US71,875.00 received in December 2007**

Balance to be carried over to 2009: **\$US 69,846.33**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training: Acquisition of 10 projects	8,090.04	809.00	7,281.04		
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance: Acquisition of 10 laptops, 3 flash memory, 2 CD ports	13,927.40	1,392.74	12,534.66		
Vehicles: Purchase of two vehicles	51,886.23	32,386.23	19,500.00		
Cold chain equipment					
Other (specify)					
Total:	73,903.67	34,587.97	39,315.70		
Remaining funds for next year:	69,846.33				

1.1.3 ICC meetings

How many times did the ICC meet in 2008?

Two times

Please attach the minutes (Annex 8) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

The citation act, the agenda, and the minutes of the ICC meeting where the GAVI 2008 project was discussed and the act of the other ICC meeting are all attached (see Annex 8)

Are any Civil Society Organizations members of the ICC: Yes if yes, which ones?

List CSO member organisations
PROCOSI, CARITAS, PLAN INTERNATIONAL

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Introduction of the rotavirus vaccine was the most transcendental management activity in 2008, for which it received the support of the acquisition of **two vehicles** for the appropriate supervision in the departments of the country and for departmental and national-level evaluation meetings. Also, the purchase of 10 computers and 10 projects has helped improve the logistics to strengthen epidemiological surveillance of the immuno-preventable diseases and the monitoring of vaccine coverage in the new Health Service Departments (SEDES in Spanish) and the national EPI.

There were no disbursements of GAVI funds for the purchase of the rotavirus vaccine, which caused reduced coverage with the second dose.

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (**Annex 8**) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (**see Annexes 2-4**) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (**see Annexes 5-6**) spent during the reporting year (2008)
- d) **Letter signed by the Minister of Health and GAVI (Annex 7).**
- e) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

In the period 2007-2008, an international evaluation of the quality of information under the DQS methodology was not performed. A DQS is scheduled for 2009, together with an international evaluation supported by PAHO/WHO in the second semester.

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

N/A

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC.

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

Result of the 2008 National Survey on Health and Demographics (ENDSA):

In 2008 the National Survey on Health and Demographics (ENDSA 2008) was conducted, which collected data at the national level on the vaccination records of children born in the five years previous to the survey. Survey results include the following:

- BCG 98.4%
- Pentavalent 85.7%
- Oral polio vaccine 85.7%
- Trivalent MMR 85.8%
- Percentage of children with all vaccines: 78.6%

PAHO/WHO has proposed that a survey on coverage be carried out in the second semester of 2009 in order to determine the actual coverage in the country, in light of the problems of population denominators due to the projections in the 2001 national census.

Enumerate the difficulties in collecting and notifying the administrative data:

1. The National Sanitation Information System (SNIS in Spanish) has a three-month delay in delivering data on vaccination coverage, which hinders the timely analysis of vaccination coverage.
2. Rural health centers have difficulty in delivering information to the health networks and from there to the departmental and central levels.
3. There are municipal population denominators that do not reflect the national reality, since the last national census was taken in 2001.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

The purchase of anti-rotavirus vaccine took place in accord with the procedures of the PAHO/WHO Revolving Fund, as agreed upon in the Memorandum of Understanding signed for this purpose. The anti-rotavirus vaccine was introduced into Bolivia's national immunization plan in August 2008.

[List any change in doses per vial and change in presentation in 2008]

There were no changes regarding the anti-rotavirus vaccine; however, a request is by these means made to change the presentation from the lyophilized form to the liquid form of the GSK anti-rotavirus vaccine.

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Anti-rotavirus vaccine	Single dose in 156 cc container	149,700 doses	1 August 2008	2 July 2008
		151,300 doses		28 November 2008
		301,000 doses		Total doses received in 2008

Please report on any problems encountered.

- 1. Lack of supply of anti-rotavirus vaccine, due to the delay in first GAVI disbursement for the purchase of this vaccine, which was not deposited at PAHO until 12 December 2008. For this reason, the Bolivian government had to pay the entire cost of the 301,000 doses received, for a total amount of US\$ 2,539.180.00.**
- 2. Current limited cold-chain capacity and with the threat of further decrease due to obsolete equipment and other equipment using refrigeration gases that affect the ozone layer.**
- 3. Lack of refrigeration vehicles for transporting the vaccines to departments.**
- 4. Cold chambers needed for intermediary cities and expansion of cold-chain capacity at the central level.**

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- 1. Support letters of agreement with the expanded program on immunization at the national level and the health department secretariats, to provide support for the introduction of the anti-rotavirus vaccine.**

2. Support training meetings at the departmental level for introducing the new vaccine.
3. Technical support for the 2008 annual meeting of the expanded program on immunization to evaluate the successful completion of the goals of vaccination coverage, specifically, the introduction of the new anti-rotavirus vaccine introduced into the country.
4. Support the social communication plan for dissemination of the national campaign to introduce the anti-rotavirus vaccine in August-September 2008.
5. Support the plan to introduce the anti-rotavirus vaccine, which was backed by the three-year epidemiological surveillance (2006-2008) through sentinel hospitals, which helped identify the rotavirus serotypes circulating previous to introduction of the vaccine.
6. Supervise and evaluate the cold-chain capacity to verify the actual cold-chain capacity in view of the introduction of the new vaccine.
7. Strengthen the laboratory of the "Instituto Boliviano de Biología Molecular ("Bolivian Molecular Biology Institute") for identifying the rotavirus serotypes circulating in the country and their molecular characterization.
8. Implement surveillance of intestinal invagination to monitor possible adverse events following the anti-rotavirus vaccine.
9. Conduct case studies and control study during 2009 to evaluate the rotavirus vaccine's effectiveness in the country.
10. Conduct a vaccination campaign during 2009 to increase and homogenize vaccination coverage.
11. Strengthen the surveillance of pneumonia and meningitis through sentinel hospitals and a network of laboratories, for future introduction of new vaccines against pneumococcus and influenza.

All these activities listed here have and will receive technical and financial support from PAHO/WHO Bolivia and the regional level.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: **26/03/2008 for the amount of US\$100,000 (see Grant #387012, Annex 3: Official Financial Report)**

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	20,000	17,823.69	2,176.31	Training workshops	None
2008	60,000	42,812.70	17,187.30	Public awareness communication	None
2008	20,000	13,696.78	6,303.22	Technical assistance to the SEDES	None
TOTAL	100,000	74,333.17	25,666.83		

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **2003**

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

Conduct a specialized technical evaluation to consider expanding the cold storage rooms at the national level and collection centers in some departments in the country, to ensure appropriate storage and timely supply at the local levels.

Was an action plan prepared following the EVSM/VMA? **No**

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

N/A

When will the next EVSM/VMA* be conducted? **11/2009**

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: Lyophilized Rotavirus (Rotarix)	
Anticipated stock on 1 January 2010	40,000
Vaccine 2:	
Anticipated stock on 1 January 2010
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?

**Yes, support from the “Injection Safety Bolivia” window under Grant No. 387004 for the amount of US\$873,500 implemented from 10 June 2005 to 31 December 2009:
During the period 2005-2007, US\$ 348,778.22 was implemented.
In 2008, US \$63,141.50 was implemented, for a total of US \$411,919.72.
For 2009, US\$189,580.28 has been allocated plus a disbursement of US\$ 272,000 in February 2009, totalling US\$ 461,580.28 that should be implemented before 31 December 2009 (see Annex 4).**

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
AD 23G x 1” syringes	925,000	July 2008

Please report on any problems encountered.

None

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

The component of injection safety has received an important support in the last five years and currently the country is buying safety boxes and A/D syringes with its own funds. An evaluation has been scheduled for the storage of syringes to meet quality standards to strengthen the process of safe vaccination, as well as obtaining autoclaves for the disposal of needles, a product of vaccinations, which would later be compacted for their final safe disposal.

Also, local surveys and training workshops on all steps of the process of safe vaccination will be conducted.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

The syringes and safety boxes were purchased with funds from the Tesoro General de la Nacion (“General Treasury of the Country”) through the PAHO Revolving Fund:

- 1. Purchase of 30,000 safety boxes for a total amount of US\$ 30,597.**
- 2. Purchase of 264,000 syringes (A/D 27G of 0.1cc) for a total amount of US \$25,201.78**

In addition, 2,453,600 disposable syringes of different calibres were purchased for vaccination, for a total amount of US\$ 139,853.73 since there was not a clear consensus on the change to A/D at that moment. For 2009, all syringes purchased except those of 22G x 1 ½ will be type A/D through the Revolving Fund.

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

In most of the country’s health establishments, the sharps waste gets disposed in bio-safe boxes. However, progress still needs to be made in the appropriate measures for the final disposal of the safety boxes and vaccine containers, such as large-scale pressurized autoclaves for vaccine waste and small- and medium-scale needle-disposal devices at the local level.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

- 1. Little initial acceptance on the part of health personnel for the use of AD syringes.**
- 2. Discrepancies in norms in the sector with other handling of biosafety, specifically, the use of safety boxes.**
- 3. Lack of appropriate technology for final disposal of bio-safety boxes, in both rural and urban areas.**

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1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

In 2008 there were US\$ 252,723 available for Bolivia, of which US\$ 63,141.50 has been used to purchase 925,000 syringes (AD 23 G x 1) in July 2008, leaving a remainder of US\$ 189,581 at the end of 2008 (see Annex 4).

In February 2009, a deposit of US\$ 272,000 more was made, which makes a total amount of US\$ 461,581 available for 2009.

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	3,948,370	6,097,622	5,468,266
New Vaccines	2,316,520	3,945,420	3,946,350
Injection supplies	1,106,994	110,074	352,237
Cold Chain equipment	10,645	81,000	250,000
Operational costs	3,000,791	4,610,547	6,356,742
Other (please specify)	50,555	50,000	500,000
Total EPI	10,423,230	14,894,663	16,873,595
Total Government Health			

Exchange rate used	6.97 bolivianos per dollar
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The resources assigned to the Expanded Program of Immunization are from transfers of the Social Security Funds; these are guaranteed by legal deposits in benefit of health service, essentially for the provision of vaccine and coverage programs each year. In the 2007 activity, the implemented budget allocation of the Expanded Program of Immunization was included; traditional vaccines account for 37.84% and as operational expenditures some approximately 28.76% was implemented.

For the 2009, an 42.75% increase has been budgeted, which would be equal to US\$ 14,894,663, of which 26.49% is earmarked for the purchase of traditional vaccines.

An increment of 13.29% of the programs assigned budget has been projected for the 2010 activity, in function of the recurring programs and activities in the different departmental SEDES. These resources are sustainable over time, because they are subject to the policies of the country's central government.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine:....ROTARIX.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Estimated cost per dose of total with freight charges, insurance, and PAHO administrative costs (US\$9.08), Bolivia will pay 40% per dose.		US\$ 3.15	US\$3.15	US\$3.62	US\$4.17	US\$4.79	US\$5.51
Number of vaccine doses	#	188,700	176,400	225,400	278,900	339,600	413,700
Number of AD syringes	#	0					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	0					
Total value to be co-financed by country	\$	1,714,000	1,602,000	2,047,500	2,533,500	3,085,000	3,758,000

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3rd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	August 2008	August 08 and January 09	April/July/November
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)	916,054	103,300
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. The Ministry made timely payments for the purchase of ant-rotavirus vaccines in 2008 in light of the delay on the part of GAVI to make co-payments for the vaccines. However, the Ministry of Health sent a letter to GAVI in February 2009 (Annex 7), requesting the timely fulfilment of the Alliance’s co-payments in the future, in order to avoid the problems previously mentioned in this APR.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

Bolivia is not in a situation of default, since it has been making timely payments to the PAHO Revolving Fund for all the regular vaccines as these are delivered.

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? No

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

There were no changes from the estimated births in the 2007 APR

Provide justification for any changes **in surviving infants**:

There were no changes from the estimates of surviving infants in the 2007 APR

Provide justification for any changes **in Targets by vaccine**:

There were not changes from the 2007 APR Targets

Provide justification for any changes **in Wastage by vaccine**:

An estimated 5% rate of loss due to problems of lack of refrigeration of the vaccines, which were taken to localities in a thermos and could not be used after the 8-hour work day since it was a lyophilized live attenuated vaccine.

Vaccine 1:

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	200,262	214,392	248,952	274,969	295,714	316,844
Target immunisation coverage with the third dose	<i>Table B</i>	#	76%	81%	88%	91%	92%	93%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	222,503	238,231	263,097	284,034	302,142	320,250
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	3.15	3.15	3.62	4.17	4.79	5.51

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	355,500	332,300	340,300	328,700	304,500	268,400
Number of AD syringes	#	0					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	0					
Total value to be co-financed by GAVI	\$	3,229,500	3,018,500	3,091,000	2,986,000	2,766,500	2,438,500

Vaccine 2:

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3:

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

- a) Fiscal year runs from January to December.
- b) This HSS report covers the period from December 2008 to May 2009.
- c) Duration of current National Health Plan is from January 2006 to December 2011.
- d) Duration of the immunisation cMYP: 2007-2012
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

This report was prepared by the Health Services and Quality Unit, Ministry of Health and Sports (MHS) in coordination with the Planning Unit and the General Financial and Management Directorate, also from the MHS. It was presented and discussed with PAHO/WHO Country Office Advisors (EPI and HSS) on May 8th, 2009 and submitted to the PAHO/WHO HSS Regional Focal for comments. Once their feedback had been acted upon the report was circulated to the members of the HSCC (COCOTEC) for final review and approval.

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Dra. Jackeline Reyes	Health Services and Quality Unit. Ministry of Health and Sports	Unit Chief, implementation coordinating unit.	
Dra. Jenny Soto	Health Services and Quality Unit. Ministry of Health and Sports	Technical Support. Responsible for health care networks.	
Lic. Patricia Lopez	Administrative Directorate. Ministry of Health and Sports	Director. Financial implementation oversight.	
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

Implementation has not started yet. The country will start conducting the activities planned for the first year of the support in July, 2009. In consequence the only source of information for this report is the GAVI HSS Proposal and the IRC report. The main reason for the delay in implementation is due to rather new national regulations regarding the use of external funds with new procedures that were not functional yet; many adjustments have been made to these procedures even though they were put in place in 2008. All funds must be on-budget and specific accounts must be created, before activities can start based on approved plans. The procedure to put GAVI HSS funds on budget started in late march, it is expected that funds would be ready for execution at the end of may.

- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

Since implementation has not begun yet, no difficulties regarding the report have been identified. The format seems adequate. The country will provide more feedback (suggestions or recommendations) in future reports.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year			TOTAL
	2008	2009	2010	
Amount of funds approved	697,214	697,926	698,093	2,093,231
Date the funds arrived	December 22nd, 2008.			
Amount spent	0			
Balance	697,000			
Amount requested	0			

Amount spent in 2008: None.

Remaining balance from total: Six Hundred and Ninety Seven Thousand dollars.

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (2008)						
Major Activities	Planned Activity for reporting year	Report on progress (% achievement)³	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	Reorganize health care networks and improve the quality of care, as well as the capacity for management in health at 35 prioritized municipalities, by 2010.					
Activity 1.1:	Hold a participatory workshop for implementation arrangements, including the preparation of Annual Operative Plans; and generate consensus-building and coordination opportunities in order to generate synergies between different levels of management and international cooperation agencies with the objective of strengthening service networks.	The GAVI HSS Support was launched through a workshop held at Cochabamba, Bolivia on 26-27 November, 2008	6,686	0	6,686	No Implementation during 2008. Funds were received on December 22 nd .
Activity 1.2:	Purchase and distribution of basic equipment for comprehensive care at first level healthcare facilities in prioritized	0%	522,800	0	522,800	No Implementation during 2008. Funds were received on December 22 nd .

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Table 4.3 HSS Activities in reporting year (2008)

Major Activities	Planned Activity for reporting year	Report on progress (% achievement) ³	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
	municipalities.					
Activity 1.3:	Support specific surveys to gather population data and maternal and child care services coverage rates in 35 prioritized municipalities.	0%	3,696	0	3,696	No Implementation during 2008. Funds were received on December 22 nd .
Activity 1.4:	Assist in the preparation of needs assessments for the operation of the municipal networks of primary care (including, gaps in care coverage, infrastructure, logistics, transportation, communication and others).	0%	3,696	0	3,696	No Implementation during 2008. Funds were received on December 22 nd .
Activity 1.5:	Training on the application of maternal and child comprehensive care standards for health workers at all health establishments located in areas of intervention.	0%	13,097	0	13,097	No Implementation during 2008. Funds were received on December 22 nd .
Activity 1.6:	Arrange training workshops on health networks management tools, methodologies and standards instruments in order to improve management of health services.	0%	13,097	0	13,097	No Implementation during 2008. Funds were received on December 22 nd .
Activity 1.7:	Strengthen the information, monitoring and evaluation	0%	5,000	0	5,000	No Implementation during 2008. Funds were received on December 22 nd .

Table 4.3 HSS Activities in reporting year (2008)

Major Activities	Planned Activity for reporting year	Report on progress (% achievement) ³	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
	system (M&E), supporting decisions affecting maternal and child healthcare services at health units and network administrations (SIP, SVEMMN and others) in the 35 prioritized municipalities.					
Activity 1.8:	Supervise, monitor, and evaluate the fulfilment of multi-programmatic activities related to maternal and child comprehensive health care in the areas of intervention.	0%	3,760	0	3,760	No Implementation during 2008. Funds were received on December 22 nd .
Objective 2:	Strengthen promotion and prevention interventions in maternal and child health, with a community and intercultural approach; empowering communities in their responsibility for health care at 35 prioritized municipalities by 2010.					
Activity 2.1:	Design and implementation of KAP surveys (knowledge, attitudes, and practices) related to health care practices in women and children under 5 years in a sample of communities within 35 municipalities.	0%	2,053	0	2,053	No Implementation during 2008. Funds were received on December 22 nd .
Activity 2.2:	Analysis of KAP findings and prepare and disseminate primers, guides, manuals, and other information, education and communication materials (IEC) to promote changes in population's behaviour,	0%	9,155	0	9,155	No Implementation during 2008. Funds were received on December 22 nd .

Table 4.3 HSS Activities in reporting year (2008)

Major Activities	Planned Activity for reporting year	Report on progress (% achievement) ³	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
	attitudes, and practices to improve maternal and child care					
Activity 2.3	Adapt the current set of manuals and protocols related to maternal and child health services, based on KAP survey findings, and standardize procedures and interventions among community health workers and health personnel.	0%	4,479	0	4,479	No Implementation during 2008. Funds were received on December 22 nd .
Activity 2.4	Assist health personnel in 35 municipalities in workshops content design and their implementation regarding participatory planning; those should be aimed at the identification of health needs and problems and to propose solutions to be incorporated in the municipal Plans of Action (POA).	0%	77,653	0	77,653	No Implementation during 2008. Funds were received on December 22 nd .
Activity 2.5	Implement training programs on the intercultural health approach for health personnel at health facilities in 35 municipalities	0%	11,473	0	11,473	No Implementation during 2008. Funds were received on December 22 nd .
Activity 2.6	Implement training programs on the intercultural health approach for community agents, health advocates, surveillance committees of health facilities,	0%	3,646	0	3,646	No Implementation during 2008. Funds were received on December 22 nd .

Table 4.3 HSS Activities in reporting year (2008)

Major Activities	Planned Activity for reporting year	Report on progress (% achievement) ³	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
	aimed at more effective community participation at Local Health Directorates (DILOS), Municipal CAI in compliance with the Popular Participation Law (LPP).					
Support Functions						
Management						
M&E			13,520	0	13,520	No Implementation during 2008. Funds were received on December 22 nd .
Technical Support			3,403	0	3,403	No Implementation during 2008. Funds were received on December 22 nd .
TOTAL			697,214	0	697,214	

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Note: Implementation of activities has not started yet. In this table the country presents the activities programmed for the first year of the support which will be conducted in the following months (From July 2009 to December 2009)

Table 4.4 Planned HSS Activities for current year (July-December 2009) No activities have been carried out between January and May 2009					
Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year	Balance available (May 2009)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments.
Objective 1:	Reorganize health care networks and improve the quality of care, as well as the capacity for management in health at 35 prioritized municipalities, by 2010.				
Activity 1.1:	Hold a participatory workshop for implementation arrangements, including the preparation of Annual Operative Plans; and generate consensus-building and coordination opportunities in order to generate synergies between different levels of management and international cooperation agencies with the objective of strengthening service networks.	6,686	6,686	6,686	Funds requested to be transferred in 2009 will be implemented in 2010.
Activity 1.2:	Purchase and distribution of basic equipment for comprehensive care at first level healthcare facilities in prioritized municipalities.	522,800	522,800	242,000	
Activity 1.3:	Support specific surveys to gather population data and maternal and child care services coverage rates in 35 prioritized municipalities.	3,696	3,696	0	
Activity 1.4:	Assist in the preparation of needs assessments for the operation of the municipal networks of primary care (including, gaps in care coverage,	3,696	3,696	0	

Table 4.4 Planned HSS Activities for current year (July-December 2009) No activities have been carried out between January and May 2009

Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year	Balance available (May 2009)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments.
	infrastructure, logistics, transportation, communication and others).				
Activity 1.5:	Training on the application of maternal and child comprehensive care standards for health workers at all health establishments located in areas of intervention.	13,097	13,097	52,388	
Activity 1.6:	Arrange training workshops on health networks management tools, methodologies and standards instruments in order to improve management of health services.	13,097	13,097	39,291	
Activity 1.7:	Strengthen the information, monitoring and evaluation system (M&E), supporting decisions affecting maternal and child healthcare services at health units and network administrations (SIP, SVEMMN and others) in the 35 prioritized municipalities.	5,000	5,000	8,000	
Activity 1.8:	Supervise, monitor, and evaluate the fulfilment of multi-programmatic activities related to maternal and child comprehensive health care in the areas of intervention.	3,760	3,760	12,533	
Objective 2:	Strengthen promotion and prevention interventions in maternal and child health, with a community and intercultural approach; empowering communities in their responsibility for health care at 35 prioritized municipalities by 2010.				
Activity 2.1:	Design and implementation of KAP surveys (knowledge, attitudes, and practices) related to health care practices in women and children under 5 years in a sample of communities within 35 municipalities.	2,053	2,053	0	

Table 4.4 Planned HSS Activities for current year (July-December 2009) No activities have been carried out between January and May 2009

Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year	Balance available (May 2009)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments.
Activity 2.2:	Analysis of KAP findings and prepare and disseminate primers, guides, manuals, and other information, education and communication materials (IEC) to promote changes in population's behaviour, attitudes, and practices to improve maternal and child care.	9,155	9,155	36,620	
Activity 2.3	Adapt the current set of manuals and protocols related to maternal and child health services, based on KAP survey findings, and standardize procedures and interventions among community health workers and health personnel.	4,479	4,479	8,958	
Activity 2.4	Assist health personnel in 35 municipalities in workshops content design and their implementation regarding participatory planning; those should be aimed at the identification of health needs and problems and to propose solutions to be incorporated in the municipal Plans of Action (POA).	77,653	77,653	232,959	
Activity 2.5	Implement training programs on the intercultural health approach for health personnel at health facilities in 35 municipalities	11,473	11,473	11,473	
Activity 2.6	Implement training programs on the intercultural health approach for community agents, health advocates, surveillance committees of health facilities, aimed at a more effective community participation at Local Health Directorates (DILOS), Municipal CAI in compliance with the Popular Participation Law (LPP).	3,646	3,646	14,584	

Table 4.4 Planned HSS Activities for current year (July-December 2009) No activities have been carried out between January and May 2009

Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year	Balance available (May 2009)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments.
Support Functions					
Management					
M&E		13,520	13,520	27,040	
Technical Support		3,403	3,403	5,394	
TOTAL		697,214	697.214	697,926 (This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (2010) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year	Balance available (May 2009)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments.
Objective 1:	Reorganize health care networks and improve the quality of care, as well as the capacity for management in health at 35 prioritized municipalities, by 2010.				
Activity 1.1:	Hold a participatory workshop for implementation arrangements, including the preparation of Annual Operative Plans; and generate consensus-building and coordination opportunities in order to generate synergies between different levels of management and international cooperation agencies with the objective of strengthening service networks.	6,686	6,686	6,686	Funds requested for 2010 will be implemented in 2011.
Activity 1.2:	Purchase and distribution of basic equipment for comprehensive care at first level healthcare facilities in prioritized municipalities.	522,800	522,800	155,000	
Activity 1.3:	Support specific surveys to gather population data and maternal and child care services coverage rates in 35 prioritized municipalities.	3,696	3,696	3,696	
Activity 1.4:	Assist in the preparation of needs assessments for the operation of the municipal networks of primary care (including, gaps in care coverage, infrastructure, logistics, transportation, communication and others).	3,696	3,696	0	
Activity 1.5:	Training on the application of maternal and child comprehensive care standards for health workers at all health establishments located in areas of intervention.	13,097	13,097	52,388	
Activity 1.6:	Arrange training workshops on health networks management tools, methodologies and standards instruments in order to improve management of	13,097	13,097	39,291	

Table 4.5 Planned HSS Activities for next year (2010) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year	Balance available (May 2009)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments.
	health services.				
Activity 1.7:	Strengthen the information, monitoring and evaluation system (M&E), supporting decisions affecting maternal and child healthcare services at health units and network administrations (SIP, SVEMMN and others) in the 35 prioritized municipalities.	5,000	5,000	10,000	
Activity 1.8:	Supervise, monitor, and evaluate the fulfilment of multi-programmatic activities related to maternal and child comprehensive health care in the areas of intervention.	3,760	3,760	12,533	
Objective 2:	Strengthen promotion and prevention interventions in maternal and child health, with a community and intercultural approach; empowering communities in their responsibility for health care at 35 prioritized municipalities by 2010.				
Activity 2.1:	Design and implementation of KAP surveys (knowledge, attitudes, and practices) related to health care practices in women and children under 5 years in a sample of communities within 35 municipalities.	2,053	2,053	2,053	
Activity 2.2:	Analysis of KAP findings and prepare and disseminate primers, guides, manuals, and other information, education and communication materials (IEC) to promote changes in population's behaviour, attitudes, and practices to improve maternal and child care.	9,155	9,155	36,620	
Activity 2.3	Adapt the current set of manuals and protocols related to maternal and child health services, based on KAP survey findings, and standardize procedures	4,479	4,479	8,958	

Table 4.5 Planned HSS Activities for next year (2010) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year	Balance available (May 2009)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments.
	and interventions among community health workers and health personnel.				
Activity 2.4	Assist health personnel in 35 municipalities in workshops content design and their implementation regarding participatory planning; those should be aimed at the identification of health needs and problems and to propose solutions to be incorporated in the municipal Plans of Action (POA).	77,653	77,653	310,612	
Activity 2.5	Implement training programs on the intercultural health approach for health personnel at health facilities in 35 municipalities	11,473	11,473	11,473	
Activity 2.6	Implement training programs on the intercultural health approach for community agents, health advocates, surveillance committees of health facilities, aimed at a more effective community participation at Local Health Directorates (DILOS), Municipal CAI in compliance with the Popular Participation Law (LPP).	3,646	3,646	14,584	
Support Functions					
Management					
M&E		13,520	13,520	27,040	
Technical Support		3,403	3,403	7,159	
TOTAL		697,214	697,214	698,093	

Table 4.5 Planned HSS Activities for next year (2010) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (2009)	Planned expenditure in coming year	Balance available (May 2009)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments.
				(This figure should correspond to the figure shown for 2009 in table 4.2)	

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

It is expected that by the end of may GAVI HSS funds will be on-budget (funds were received on December 22nd, 2008). This will be achieved by completing the registration of funds in the VIPFE for the MHS to make use of them. Implementation is expected to start in July 2009. The operational planning resulting from the workshop held in Cochabamba on November 2008 will be updated prior to the initiation of activities.

- b) *Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

Formally no CSO will participate as implementers; but in practice coordination with representatives of CSO will be required at the municipal level, in order to have their valuable support and eventually co-responsibility to conduct some activities.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

- a) *Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.*

They will be on-budget by the end of May, 2009. Please refer to section 4.6 a above.

- b) *Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

No audits have been conducted.

4.8 General overview of targets achieved

Since implementation has not started no current status or explanation is provided for this table.

Table 4.8 Progress on Indicators included in application										
Indicator	Numerator	Denominator	Data Source	Baseline Value <small>Error! Bookmark not defined.</small>	Source	Date of Baseline	Target	Date for Target	Current Status	Explanations for any reasons for non achievement of targets
1. Coverage of the fourth prenatal check-up	Number of pregnant women with four prenatal check-ups	Number of pregnant women	Municipal-Networks Reports ENDSA-INE	58%	Monitoring forms and Survey.	2003	70%	2010		
2. Reduction of the incidence of early pregnancy (percentage of pregnancies in women from 15 to 19 years)	Number of pregnancies among women from 15 to 19 years.	Number of pregnancies in all age groups	ENDSA-INE	13%	ENDSA-INE	2003	10%	2010		
3. Coverage of Institutional Delivery Care	Deliveries attended by skilled personnel at health facilities	Total of expected deliveries	ENDSA-INE	61%	ENDSA-INE	2003	70%	2010		
4. Drop out rate of pentavalent vaccine.	Number of children who receive 3rd Dose of pentavalent vaccine	Number of children who received the first dose of pentavalent vaccine	SNIS-EPI	5%	SNIS-EPI	2006	1%	2010		
5. Number of health workers trained, applying new standards of comprehensive care for maternal and child populations, including the intercultural approach	Number of staff trained applying the new standards	Total number of existing health workers at 35 selected municipalities	Health Facilities Registries and reports from the municipal level.	N/A	Health Facilities Registries and reports from the municipal level.	2008	85%	2010		

Table 4.8 Progress on Indicators included in application										
Indicator	Numerator	Denominator	Data Source	Baseline Value <small>Error! Bookmark not defined.</small>	Source	Date of Baseline	Target	Date for Target	Current Status	Explanations for any reasons for non achievement of targets
for healthcare.										
6. Percentage of municipalities that carry out community CAI	Number of municipalities that carry out community CAI	Total number of selected municipalities	Health facilities Reports	N/A	Reports	2008	90%	2010		
7. Number of municipalities that have prioritized health related issues and demands in their Municipal Annual Operative Plans (POA).	Number of municipalities that conduct community CAI	Total number of selected municipalities	Municipal-Networks Reports	N/A	Monitoring forms	Semiannual	80%	2010		
8. Number of health Volunteers trained in maternal and child comprehensive health care participating in health promotion and disease prevention with intercultural approach at the community level.	Number of Community Health Volunteers that were trained and are actively participating in maternal and child health promotion and disease	Total number of community health Volunteers trained in selected municipalities.	Municipal-Networks Reports	N/A	Monitoring forms	Semiannual	60%	2010		
9. Number of Families that have assumed healthy maternal and child practices	Percentage of families that have assumed healthy practices	Total number of target families at selected municipalities	Operational Research Reports	N/A	KAP Surveys.	Semiannual	80%	2010		

Bolivia Progress Indicators

The country will report annually to GAVI based on the recommendations from the IRC. This table summarizes the information that the country will report annually in the GAVI Annual Progress Report to indicate the progress being made in implementing the HSS supported program. The table does not show the specific planned figures for the activities planned (e.g., health workers trained or facilities equipped), since those details are in the approved plan (See Table 4.8

	2009	2010	2011
Objective 1: Reorganize health care networks and improve care quality and management By 2010	Preparation annual operative plans, consensus building, data MCH collected. Basic equipment procured Training on standards developed	Basic equipment distributed Training application of standards, ME strengthened to support decision making	Multi programmatic activities based on previous years inputs evaluated
Objective 2: Promotion of MCH interventions with community emphasis on empowerment and responsibility.	Census of CHWs in 35 districts developed	Knowledge CHWs standardized, KAP survey assisted IEC material developed based on KAP and population behaviour Workshops on participatory planning conducted municipal level	Knowledge CHWs standardized, KAP survey assisted Training programs for health advocacy, for enhanced community participation established

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines. Annex 9

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

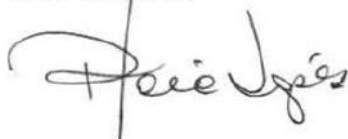
Signature:

Date:

Patricia López Cairo (MBA)

Título: **Directora General de Asuntos
Administrativos**

Firma



Fecha:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.
Annual Progress Report 2008

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US\$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	11Sep09	
Reporting Period (consistent with previous calendar year)	x	
Government signatures	x	
ICC endorsed	x	
ISS reported on	x	
DQA reported on	n/a	
Reported on use of Vaccine introduction grant	x	
Injection Safety Reported on	x	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	x	
New Vaccine Request including co-financing completed and Excel sheet attached	x	
Revised request for injection safety completed (where applicable)	n/a	
HSS reported on	x	
ICC minutes attached to the report	x	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

This amended version of the 2008 APR is presented, together with the new EPI Five-Year Plan of Action 2010-2015, in request of the extension of the reward phase of the Immunization Services Support and the New Vaccines Support for rotavirus up to the end of 2015.

~ End ~